


# PROVIDER BULLETIN

No. 12-73

Date: December 21, 2012

TO: Medicaid Behavioral Health Providers

FROM: Vivianne M. Chaumont, Director   
Division of Medicaid & Long-Term Care

BY: Lowell Sedlacek – Program Specialist  
Division of Medicaid and Long-Term Care

RE: Mental Health and Substance Abuse (MHSA)  
January 1, 2013 CPT Code Changes  
Update to Provider Bulletin 12-68

**Please share this information with administrative, clinical, and billing staff.**

Effective with the date of service January 1, 2013, the American Medical Association (AMA) has added new psychiatric CPT codes, deleted others, and changed the descriptions of some existing codes.

To clarify, 90801 will be cross-walked to 90791. The code 90792 will not be used and there is no reimbursement assigned to this code.

Attached are additional Frequently Asked Questions and Answers in addition to those posted in Provider Bulletin 12-68.

Providers can submit questions regarding the 2013 CPT coding changes to the following e-mail address: [DHHS.MHSACPT2013@nebraska.gov](mailto:DHHS.MHSACPT2013@nebraska.gov).

## Frequently Asked Questions and Answers

Will Medicaid recognize evaluation and management codes not currently listed on the Mental Health Substance Abuse Fee Schedule, such as 99201-99205?	It is not the intent of the CPT code update to add new codes or services.
The Fee Schedule attached to Provider Bulletin 12-68 shows a lower reimbursement for therapy add-on codes for M.D.s compared to other provider types.	A revised Fee Schedule will be posted with the corrected rates.
Because the code for pharmacological management (90862) has been deleted, how can providers bill for this service?	Providers that can currently bill for pharmacological management can use 99211 or 99212.
	FFS      M.D.           APRN/PA
	99211    \$41.74           \$36.73
	99212    \$46.22           \$41.74
	MC      M.D.           APRN/PA
	99211    \$41.71           \$36.53
	99212    \$46.33           \$41.71
Should psychotherapy codes be billed in addition to the code used for pharmacological management?	Providers should only bill for the service that was actually rendered.
Will the codes for interactive therapy be covered?	No, interactive therapy has not been covered in the past, nor will it be covered after January 1, 2013.
If a provider does an individual diagnostic interview plus pharmacological management how should they bill for these services?	If the provider does an individual psychiatric interview and pharmacologic management, they should bill a 90791 plus 99211 or 99212.
If a provider bills a 99212 plus an add on code such as a 90833 because they do therapy with that client during that session does there need to be a therapy treatment plan?	Yes, there needs to be a therapy treatment plan.
Who should I contact regarding billing and reimbursement questions?	Questions can be submitted to the following e-mail address: <a href="mailto:DHHS.MHSACPT2013@nebraska.gov">DHHS.MHSACPT2013@nebraska.gov</a> .

For questions about this Provider Bulletin, please contact Lowell Sedlacek at (402) 471-1920 or by e-mail at [Lowell.sedlacek@nebraska.gov](mailto:Lowell.sedlacek@nebraska.gov)